

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/507220**  
FILING DATE **Winston Alvarado**  
APPLICANT(S) **National Stage Processing**  
ATTORNEY/SPONSOR **Patent Specialist**  
(703) 305-6421

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS	/	████████	████████	████████		

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TOTAL DEP.		←	←	←		
TOTAL CLAIMS		████████	████████	████████		